UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
Tony Duga - Workins 1000 BLAKE HUE Brook LAKE HUE	
(In the space above enter the full name(s) of the plaintiff(s).)	<u>.</u>
-against-	COMPLAINT
The City of New York	•
	Jury Trial: □ Yes □ No (check one)
	(shook one)
Able Flind 1. Ready Willing	
Lenard PettiGrew	
(In the space above enter the full name(s) of the defendant(s). If you please write "see attached" in the space of all of the space	
adattional sheet of name and attach and	MEGEIVEN
usted in the above canties. The names	
Part I. Addresses should not be included here.)	M APR - 2 2014 [V]
I. Parties in this complaint:	PROSEOFFICE
A. List your name, address and telephone number. If you are identification number and the name and address of your current for any additional plaintiffs named. Attach additional sheets of Plaintiff Name On Y Plaintiff	presently in custody, include your
r (alutitt	of paper as necessary.
Street Address 1000 Bloke Die	
County, City Drook ()	
State & Zip Code New York NY 113 Telephone Number 646-266-8788	LOS
B. List all defendants. You should state the full name of the defer government agency, an organization, a corporation, or an individual defendant may be served. Make sure that the defendant(s) he contained in the above caption. Attach additional sheets of paper	ndant, even if that defendant is a dual. Include the address where isted below are identical to the
	r as necessary.
Defendant No. 1 Name Doe Fund; Ready W Street Address \$9 - 111 Partor All	Illing Able
Rev. 05/2010	

		County, City RrockLyn State & Zip Code New York NY 11237 Telephone Number 112-417-2500
]	Defendant No. 2	Name Leo nard PettiGrew Street Address 89-11/Porter Ave County, City Brookly NewYork State & Zip Code NY 11237 Telephone Number 718-417-2500
D	efendant No. 3	Name
		Management of the Control of the Con
		County, CityState & Zip Code
		State & Zip Code Telephone Number
De	fendant No. 4	None
		Street Address
		Street Address County, City State & Zip Code
		State & Zip Code
		Telephone Number
II.	Basis for Juri	sdiction:
quesi	tion case. Under and the amount in	rts of limited jurisdiction. Only two types of cases can be heard in federal court: all question and cases involving diversity of citizenship of the parties. Under 28 involving the United States Constitution or federal laws or treaties is a federal damages is more than \$75,000 is a diversity of citizenship case.
1/	Thismas	is for federal court jurisdiction? (check all that apply)
٧	Whetheral Ques	Diversity of Citizenship
B.	If the basis for ju	risdiction is Federal Question, what federal Constitutional, statutory or treaty right
C.		isdiction is Diversity of Citizenship, what is the state of citizenship of each party? of citizenship NewYork City United States of America (s) of citizenship NewYork City United States of America
II.	Statement of Clai	

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary. A. Where did the events giving rise to your claim(s) occur? 29-111 Parter Ave_
Brookinn Ny11237 What date and approximate time did the events giving rise to your claim(s) occur? May 23, 2013 evening approximat 5:00 PM 430 PM at my steeling bed 019 happened to you? Who did what? Wasanvoor order of Protec involved? ++16RW NEVER mate ELCO13 Found of me the Plaintiff Who cise DOICLEY Beten and unconscious saw what happened? IV. Injuries: If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. WAS INSURED SEVERAL NORSAL BONE WAITLING FROCTOR FOR THE FRONT SUFFICIENT ON SALES INCLUDED.

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V. Relief:	
State what you want the Court to do for you and the	he amount of monetary compensation, if any, you are
seeking, and the basis for such compensation.	SuinG for 100,000 Emotional,
Distress, De Famation, M	noney Damages False Arrest
	ntentional unexcusedact
I was a Fraid for MY Life.	- intentionally Performed
that was harmful or of	ffensive contact
compensation Plaintiff	hasright too,
	THE STATE OF THE S
	•
T. 1. 3	
I declare under penalty of perjury that the foreg	oing is true and correct.
Signed this 2 day of April , 2014.	
·	
Signature of Plainti	iff Tony Dugal Watting
Mailing Address	1000 BLake Ave
Ç .	BrookIYN New York NY
	11208
Telephone Number	646-266-8788
Fax Number (if you	ı have one)
(3)	
Note: All plaintiffs named in the caption of the comust also provide their inmate numbers, pro	omplaint must date and sign the complaint. Prisoners esent place of confinement, and address.
For Prisoners:	
I declare under penalty of perjury that on this 2. this complaint to prison authorities to be mailed to th the Southern District of New York.	day of HPN , 2014, I am delivering e <i>Pro Se</i> Office of the United States District Court for
Signature of Plainti	ff. Tory Dugal Watkins
Inmate Number	ч